

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 12-OCT-2011		TIME 19:21:00		2. ADDRESS OF OCCURRENCE		3. LOCATION CODE 304		4. BEAT/OCCUR 1135	
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME MC BETH		7. FIRST NAME THERESA S		8. STAR NO. 6629		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F
	10. RACE CODE BLK		11. AGE		12. HT. 500		13. WT. 170		
SUBJECT INFORMATION	14. DATE OF APPT.		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 011 1179S		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F
REASON FOR USE OF FORCE (Check all that apply)	24. RACE BLK		25. D.O.B.		26. HT. 602		27. WT. 150		
	28. WHERE WAS MEDICAL TREATMENT OBTAINED?		29. BY WHOM?		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
WEAPON DISCHARGE INCIDENT	33. CHARGES PLACED		34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CE NO.		IR NO.
	37. CE NO.		IR NO.		38. DNA		39. DNA		
CASE INFO.	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		40. ADDITIONAL INFORMATION		41. WEAPON TYPE		42. INCIDENT OCCURRED
	43. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		44. FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		45. IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER		46. ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER		47. WEATHER CONDITIONS CLEAR
SIGNATURES	48. MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRIST LOCK <input type="checkbox"/> ARM BAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER		49. OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER		50. ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER		51. KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		52. FIREARM <input type="checkbox"/> OTHER
	53. TASER DART ID NO. C31000ANT		54. WEAPON SERIAL NO. (Include Letters) X00-563011		55. CHICAGO GUN REG. NO.		56. IL FIREARM OWNER ID. NO.		57. HANDGUN CERTIFICATE NO.
SIGNATURES	58. SPECIAL WEAPON CERTIFICATE NO.		59. PROPERTY INVENTORY NO.		60. TYPE OF AMMUNITION USED		61. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		62. TOTAL NO. OF SHOTS MEMBER FIRED
	63. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		64. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		65. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		66. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
SIGNATURES	67. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		68. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		69. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		70. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		71. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.
	72. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		73. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		74. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		75. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		
SIGNATURES	76. REPORTING MEMBER (Print Name) MC BETH, THERESA S		STAR-EMPLOYEE NO. 6629		77. SIGNATURE		78. DATE REVIEWED 12-OCT-2011 16:42:27		TIME
	79. REVIEWING SUPERVISOR (Print Name) PARK, DAVID J		STAR NO. 1006		80. SIGNATURE		81. DATE REVIEWED 12-OCT-2011 16:42:27		TIME

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ ONA☐ REFUSED☒ UNABLE TO INTERVIEW (Specify Reason)

Subject not in custody

78. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officer was detaining two trespassing offenders when the subject approached in an attempt to reach them. He had been involved in a disturbance with them previously. The officer moved in between the subject and the detainees and he charged at her with his fists clenched. She deployed her taser, missed, and the subject left the scene. Her actions were consistent with those delineated in the Use of Force manual for assailants and all Dept. directives were followed.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./ORNO. 1049254 OBTAINED 1749hrs Johnson #103906

78. WATCH COMMANDER/OCIC (Print Name)

HLAVATY, DOREEN L

SIGNATURE



DATE COMPLETED

TIME

12-OCT-2011 17:05:48

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT  
☐ AFFECT REPORT
☐ SUPPLEMENTARY REPORT☒ OFFICER BATTERY REPORT☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)☐ I.O.D. REPORT☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No

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